Effective October 1, 2000										09/747908				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER TYPE OR SMALL E			THAN		
TOTAL CLAIMS							R	RATE		1	RATE	FEE		
FOR			NUMBER FILEO		-NUMBER EXTRA		BAS	C FE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			73 minus 20=		• 53		X	X\$ 9= .		OR	X\$18=	454		
INDEPENDENT CLAIMS			ら minus 3 =		· ,;;		×	X40=		OR	X80=	160		
ML	ILTIPLE DEPE	NDENT CLAIM P					+135=		OR	+270=	700			
* If the difference in column 1 is less than zero, enter "0" in column 2								TAL	-	OR	TOTAL	1824		
CLAIMS AS AMENDED - PART II] .O	OTHER			
(Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 73	Minus	. 7	3	- /	XS	9=		OR	XS18=			
	Independent	• 5	Minus	<u> <</u>	01.010.0	- /	X4	0=	7	OR	X80=			
	FIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENUENI	CLAIM		+13	35=		OR	+270=			
								OTAL		اما	TOTAL ADDIT. FEE			
7/25 (Column 1) (Column 2) (Column 3)								FEE			AUDII. FEEI			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 73	Minus	7	3	- /	X\$	9=	1	OR	X\$18=	,		
	Independent	·S	Minus	*** 5	5	<u> - / </u>	Х4	0=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5≃		OR	+270=/			
)								OTAL FEE		OR .	YOTAL NOD T. FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVICE PAID F	ST IER IISLY	PRESENT - EXTRA	RA	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		•	XS	<u>, </u>		OR	X\$18=			
	Independent	•	Minus	***		8	X40				X80=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR		——		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=			
•• H	the Highest Nur	nber Previously Pa	ld For IN THIS	SPACE IS	less than	20, enter "20."	ADDIT.	TAL		OR _{.A}	TOTAL DDIT. FEE	7		
		mber Previously Pe ber Previously Pair							ropriate box			1		

FORM PTO-875

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Application or Docket Number